

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Division of Solid & Hazardous Waste  
Solid and Hazardous Waste Regulation Element  
P.O. Box 414, TRENTON, N.J. 08625-0414

INSTRUCTIONS FOR COMPLETING  
HAZARDOUS WASTE TRANSPORTER REGISTRATION APPLICATION (INITIAL)

REGISTRATION PERIOD -- JULY 1 TO JUNE 30

**SECTION A:** COMPLETE SECTION A. YOU MUST OBTAIN AN EPA ID NO. BEFORE SUBMITTING YOUR APPLICATION. (You must be in compliance with N.J.A.C. 7:26:16 before submitting your application.)

**SECTION B:** REGISTRATION FEE CALCULATION

Complete the calculation to determine your fee. Enter the number of units to be registered with total fee. **Do not send fee. You will be billed.**

**SECTION C:** A "RESPONSIBLE OFFICIAL" is, for Corporations - all corporate officers; for Limited Partnerships - all partners; for Sole Proprietorships - the Proprietor; for Municipal, State, Federal or Public Agencies - all executive officers or ranking elected officials.

**SECTION D:** This section must be completed.

**NOTE:** Proof of insurance must be attached (Form MCS-90) or application will be rejected. (If MCS-90 is not applicable, submit other proof of insurance.) Questions regarding levels of insurance should be directed to your state or regional office of motor carrier safety, Federal Highway Administration.

**SECTION E:** If your vehicles are parked at a different address than the address in Section A, or there is a box # in Section A, write the vehicle location address(es) in Section E.

**SECTION F:** List information for vehicles you wish to register. Record the FULL vehicle identification number (VIN); print the proper two (2) letter State abbreviation; print the license plate number and the appropriate vehicle type (1, 2, 3 or 4). Attach additional sheets for more vehicles using the same format. **A readable copy of each motor vehicle registration must be included in your application package.**

**IMPORTANT:** You must enter the complete VIN (vehicle identification number). **DECALS WILL NOT BE ISSUED FOR INCOMPLETE NUMBERS.**

**IF YOU HAVE ANY QUESTIONS OR REQUIRE ASSISTANCE TO PROPERLY COMPLETE THE REGISTRATION FORM, CALL THE BUREAU AT (609) 984-2014**

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**HAZARDOUS WASTE TRANSPORTER LICENSE APPLICATION (INITIAL)**

**SECTION A**

1. EPA I.D. Number

2. Department of Environmental Protection No. *(Office Use Only)*

3. Applicant's Area Code and Telephone Number

4. Applicant's Name: Last  First  Init

5. Company or Trade Name

6. Street Address or Box No.

7. City  State  Zip Code

8. Type of Organization: ☐ Proprietor ☐ Partnership ☐ Corporation ☐ Municipality ☐ County  
(Check One) ☐ State Government ☐ Authority ☐ Federal Gov. ☐ Homeowner ☐ Other ☐ LC

9. Corporation, Partnership, LLC or Trade Name Data *(if any)*:  
a. Registered in State of  County of   
b. Date of Incorporation  /  /

10. Person having prime administrative authority:  
a. Name: Last  First  Init   
b. Area Code and Telephone Number

11. Applicant's Federal Employer ID or FEID, or Social Security No.. ☐ FEID, or ☐ SS No.

12. This application is solely for the collection, transportation, or disposal of hazardous waste exempt from requirements at NJAC 7:26-16  
Yes No (ie applicant has an A-901 exempt NJDEP Number)

13. Have you previously been assigned a NJDEP No. 9 ☐ Yes ☐ No If "Yes" what was that no.

**SECTION B**

Type of Vehicle (s)	No	2 Year Registration Fee/Vehicle	Total Fee
#1. Hazardous Waste Cab	<input checked="" type="checkbox"/>	\$40.00 =	
#2. Hazardous Waste Transport Unit # 1 ton or 200 gallon capacity, detachable or attached. (Also includes chassis container)	<input checked="" type="checkbox"/>	\$170.00 =	
#3. Hazardous Waste Transport Unit > 1 ton or 200 gallon capacity, detachable. (Also includes chassis, container)	<input checked="" type="checkbox"/>	\$234.00 =	
#4. Hazardous Waste transport Cab with permanently attached transport unit with > 1 ton or 200 gallon capacity (in lieu of separate fees)	<input checked="" type="checkbox"/>	\$274.00 =	
<b>TOTAL AMOUNT DUE</b>			

**SECTION C**

Be sure to fill out Section(s) D, E and F.

**DO NOT SEND FEE – YOU WILL BE BILLED PENDING COURT CASE**

No. of Vehicle(s)  Amount Due

*This is to certify that the information contained in and attached to this application is true, correct and complete to the best of my knowledge.*

Print or Type Name of Responsible Official

Title

Signature of Responsible Official

Date Signed

Enter your FEID or SS Number here: ☐ FEID or ☐ SS

#### SECTION D

1. Has any owner, officer or employee of the firm seeking a license, been convicted of any criminal offense under state or federal law for acts or omissions involving the illegal handling, storage, transportation, processing or disposal of hazardous waste or for transactions involving hazardous waste in the last ten years? (7:26 G-7.2(a) 2,ii) ☐ Yes ☐ No
2. Have all transporter employees who will handle hazardous waste successfully completed a program of instruction that teaches them to perform their duties in a way that ensures the transporter's compliance with the New Jersey Hazardous Waste Regulations? ONLY THOSE TRAINING PROGRAMS WHICH EMBRACE THE DEPARTMENT'S MINIMUM STANDARDS WILL BE CONSIDERED ACCEPTABLE. (Hazardous Materials Transportation Act, 49 CFR Parts 171 through 180 as amended or supplemented) (N.J.A.C. 7:26 G-7.3)  
☐ Yes ☐ No
3. Is the firm seeking a license in compliance with the minimum financial responsibility requirements covering public liabilities, property damage and environmental restoration set out in Section 30 of the Federal Motor Carrier Act of 1980 (23 USC 315) and 49 CFR 387 as adopted?  
☐ Yes ☐ No

Attach proof of the required financial responsibility. The proof shall consist of either Item 1 or 2.

1. "Endorsement(s) for Motor Carrier Policies of Insurance for Public Liability Under Sections 29 and 30 of the Federal Motor Carrier Act of 1980" (Form MCS-90) issued by an insurer(s); or,
2. A 'Motor Carrier Security Bond for Public Liability Under Section 30 of the Federal Motor Carrier Act of 1980 (Form MCS-82) issued by a surety.

#### SECTION E

**LOCATION WHERE VEHICLE(S) ARE PARKED OVERNIGHT. Do not use P.O. Box Numbers. (Add additional sheets if necessary.)**

Terminal Name \_\_\_\_\_

Address \_\_\_\_\_

Terminal Telephone Number (Area Code) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Terminal Name \_\_\_\_\_

Address \_\_\_\_\_

Terminal Telephone Number (Area Code) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### SECTION F

Vehicle Identification Number	State *	DMV License Plate No.	Vehicle Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide the following information for ALL vehicles you wish to register

1. VIN - Vehicle Identification Number as it appears on the motor vehicle registration card.
2. STATE - See below\*
3. LICENSE NO. - Current License Plate Number
4. VEHICLE TYPE - See Instructions

\* NJ = New Jersey NY = New York PA = Pennsylvania DE = Delaware Other States - Use your proper 2-Letter State Abbreviation

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**HAZARDOUS WASTE TRANSPORTER INITIAL/RENEWAL QUESTIONNAIRE**

***NOTE:*** In accordance with N.J.A.C. 7.26 G-7 the Department requires that all information requested (*as applicable*) be certified by the applicant, or an agent of the applicant, before the application for an initial registration or annual renewal can be considered. In accordance with N.J.A.C. 7.26 G-7, the applicant must be in compliance with N.J.A.C. 7:26:16 prior to registering any vehicles.

Company Name \_\_\_\_\_ EPA ID Number \_\_\_\_\_

Name and Address of Registered Agent (if applicable) \_\_\_\_\_  
Telephone Number of Registered Agent \_\_\_\_\_

- Are any of the **Type 1** (hazardous waste cab); **Type 2** (attached unit less than one ton) or, **Type 4** (cab with permanently attached transport unit) listed on this initial or renewal application form leased?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Are any of the **Type 3 trailer** units listed on this initial or renewal application form leased?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Are any of the **Type 1** and **Type 3 trailer** units, which are leased, owned by the same entity?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- For each **Type 1**, **Type 2**, and **Type 4** unit identified in this application as leased, please attach a legible copy of the executed lease agreement and lease certification valid for the period that this registration will be in effect. (Vehicle Identification Number (VIN) must be incorporated into the lease, or referenced to in an appendix or attachment.) The lease must indicate a definite time period for the lease and a dollar amount for the cost of the rental. The lease shall also identify the company or person responsible for payment of gas, oil, maintenance and insurance for the equipment.
- For each **Type 1** and **Type 3 trailer** combination owned by the same entity, please provide a lease, and lease certification as specified in item 4 above, for each **Type 3** trailer unit.

**THIS APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL SUCH VALID LEASE AGREEMENTS AND LEASE CERTIFICATIONS ARE PROVIDED.**

- A legible copy of each motor vehicle registration must be provided for all **equipment** and for **plate changes and VIN number corrections**.

***"THE UNDERSIGNED HEREBY AFFIRMS AND CERTIFIES THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE."***

\_\_\_\_\_  
Name of Responsible Official (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date